

FOR UTILITY OFFICE USE ONLY

METER ID # _____

LONGITUDE _____

LATITUDE _____

MUX _____



**CITY OF JARRELL
BUILDING PERMIT APPLICATION**

Job Address: _____

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Lot: _____ Block: _____ Subdivision: _____

Owner: _____ Phone: _____ Fax: _____

Builder: _____ Phone: _____ Fax: _____

Work to be performed: _____

Plumbing? _____, Electrical? _____ *Construction Cost _____

*(Valuation is not a determining factor in obtaining a permit but for the purpose of state reporting and economic development)

For Commercial: TAS/TDLR#: EABPRJ _____

TDH# (Asbestos) with documentation: _____

For Residential: TRCC#: _____

Total sq.ft.: _____ 1st Floor sq.ft. : _____ 2nd Floor sq.ft. _____

Garage sq.ft. _____ Other sq.ft. _____

Plumbing Contractor/License #: _____

Mechanical Contractor/License #: _____

Electrical Contractor/License #: _____

Septic Contractor/License#: _____

Septic Inspector/License#: _____

Electric Service Provider: _____

Gas Service Provider: _____

Irrigation Provider: _____ **(BACKFLOW TEST WILL BE REQUIRED)**

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel any other Federal, State or local law regulating construction or the performance of construction.

Applicant Signature: _____ Date: _____

PLEASE NOTE: *The permit process will not be finalized and Certificate of Occupancy forms will not be issued until all permit fees, reinspection fees and utility billing amounts are paid in full.*

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- Application Received
- Building Plans Received
- Plot Plan Received
- Rescheck Received
- PDF Copy Received

(Emailed to j.hage@cityofjarrell.com)

\$65.00 Review Fee

Date Paid _____

\$ _____

Permit Fees Due